



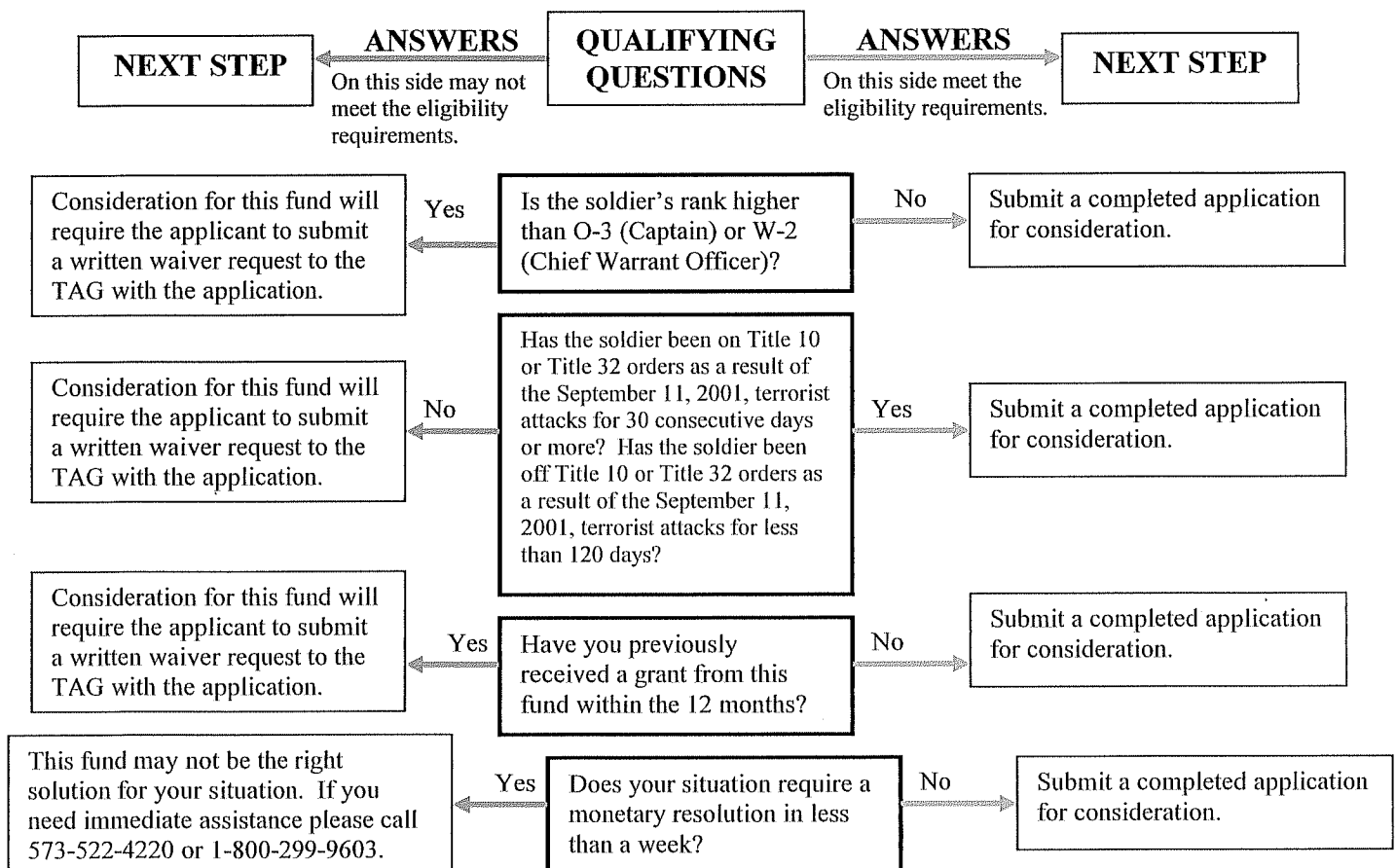
Missouri Military Family Relief Fund

Application Information Sheet



Potential applicants should use the below information to determine eligibility and answer program questions.

- Incomplete applications will be returned to the applicant without consideration.
- Grant applications from those not meeting eligibility requirements will be denied. A letter explaining the denial, as well as providing additional sources of available relief, will be sent to the applicant within 30 days after receipt.
- Additional information regarding this fund can be found at <http://www.mmfrf.mo.gov/>
- Any questions can be addressed by calling 573-638-9500 ext. 7694 or by e-mailing MilitaryRelief@mo.ngb.army.mil.
- The Missouri Military Family Relief Fund does not provide assistance for any of the following items:
 - Nonessentials
 - To finance leave or vacation
 - Pay fines or legal expenses
 - Help liquidate or consolidate debt
 - Assist with house purchase or home improvements
 - Cover bad checks or pay credit card bills
- Use the qualifying questions flow charts below to assist you in determining your eligibility for this fund.





Missouri Military Family Relief Fund
Application for Financial Assistance - Please Print or Type
All Items Must Be Completed



MILITARY MEMBER'S INFORMATION

NAME: _____ BIRTHDATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ AGR: ☐ YES ☐ NO

BRANCH: _____ RANK/PAY GRADE: _____ SSN: _____

NUMBER OF DEPENDENTS (excluding military member): _____

HOME STATION UNIT OF ASSIGNMENT: _____
(Where you would normally drill when not on active duty.)

EMAIL ADDRESS: _____

APPLICANT'S INFORMATION (IF OTHER THAN MILITARY MEMBER)

NAME: _____ SSN: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

RELATIONSHIP TO MILITARY MEMBER: _____

POWER OF ATTORNEY: ☐ YES ☐ NO (Please provide copy)

MILITARY UNIT POINT OF CONTACT FOR VERIFICATION OF THE ABOVE INFORMATION

NAME: _____

POSITION/TITLE: _____ PHONE NUMBER: _____



QUALITY OF LIFE AND MEDICAL BASED GRANT REQUIREMENTS - UP TO \$1,000

- ☐ Rank must be no higher than O-3 or W-2.
- ☐ Service member must submit their DD214 if applicable
- ☐ Service member must submit their deployment/mobilization orders
- ☐ Service member must have been deployed for 30 consecutive days or more.
- ☐ If no longer depolyed, the service member has been off deployment for less than 120 days.
- ☐ Leave and Earning Statements submitted MUST be within the period of service on the activation orders.
- ☐ Completed application must be signed.
- ☐ Must submit proof of expenses or bills
- ☐ This grant will only pay the amount of bills attached to this appliaction up to the amount of \$1,000

SIGNATURE OF APPLICANT: _____ DATE: _____

If you need assistance completing this application please call 573-638-9500 Ext. 7694 or e-mail the Missouri Military Family Relief Fund at MilitaryRelief@mo.ngb.army.mil

Application for Financial Assistance Continued

THE BELOW INFORMATION IS REQUIRED FOR APPROVAL OF A GRANT REQUEST

Monthly civilian salary (of military member), includes NO overtime (attach copy of pay stub) \$

Monthly military salary, include base pay and BAH (attach copy of LES) \$ _____

Monthly salary of spouse, to include unemployment or disability (attach copy of pay stub) \$ _____

Other income (i.e. child support, alimony, etc.) \$ _____

Grants received from other sources

Date	Source of Grant	Amount

<u>EXPENSE</u>	<u>AMOUNT</u>	<u>DESCRIBE ATTACHMENT(S)</u>
Food/clothing:	\$ _____	_____
Rent/mortgage:	\$ _____	_____
Utilities:	\$ _____	_____
Medical services/prescriptions:	\$ _____	_____
Insurance:	\$ _____	_____
Vehicle payments:	\$ _____	_____
House/vehicle repair:	\$ _____	_____
Child care:	\$ _____	_____
Other:	\$ _____	_____

Reason why emergency assistance is needed (Be complete and specific. If more space is needed, continue on a separate sheet.)

SIGNATURE OF APPLICANT: _____ DATE: _____

Missouri Military Family Relief Fund
Application for Financial Assistance Continued

AUTHORIZATION TO RELEASE INFORMATION

I, _____ (Print Name), hereby authorize and consent to the release/verification of financial and military information from any entity to the Missouri Military Family Relief Fund and its agents for its use in connection with my request for financial assistance.

I understand this consent and release for information is voluntary and that all information obtained will be used only for determining eligibility for, and administration of, financial assistance. I also understand failure to provide this consent and release may result in disapproval of my application for assistance.

INFORMATION CERTIFICATION/APPLICANT UNDERSTANDING

I certify the information in this application to be true and correct.

I further certify that the grant funds provided will be used for the purpose described in this application.

I hereby understand that my submission of this application does not guarantee grant approval.

I further understand that it is my responsibility to maintain my financial obligations prior to and after the disposition of this application is complete.

SIGNATURE OF APPLICANT: _____

DATE: _____

Mail To:

Missouri Military Family Relief Fund
JFMO-J1/SSP-N
2302 Militia Drive
Jefferson City, MO 65101-1203